

*Peptonuria.*

Dr. GROCCO, of the University of Pavia, has an article on this subject in the *Annali Universali di Medicina e Chirurgia*, August, 1884, in which he draws the following conclusions :—

1. Peptonuria is always a morbid symptom, and clinically is entirely independent of albuminuria.
2. It is a symptom of both local or general, infectious or non-infectious diseases.
3. Of the general peptogenic affections may be mentioned paludism, typhoid fever, scorbutus, purpura hemorrhagica, septicæmia, and acute phosphorus poisoning.
4. The local affections giving rise to peptonuria are almost exclusively of an inflammatory nature, with a tendency to suppuration. Among these may be mentioned especially acute and subacute nephritis.
5. Peptonuria occurs under rare pathological circumstances; as when there is a rapid development of a malignant neoplasm.
6. When encountered with a strictly local affection it is symptomatic of inflammation tending to suppuration.

—*L'Union Méd.*, October 12, 1884.

*Large Enemata of Nitrate of Silver in Chronic Dysentery.*

Dr. STEPHEN MACKENZIE read a paper on this subject before the Clinical Society of London, on November 14th. He alluded to a former series of cases he had brought before another society, and stated that extended experience had strengthened his belief in the value of large enemata of nitrate of silver in the treatment of cases of chronic dysentery or dysenteric diarrhoea. The mode of procedure he adopted was as follows. The quantity of nitrate of silver to be used was dissolved in three pints of tepid water in a Leitch's irrigating funnel, which was connected by India-rubber tubing with an œsophageal tube with lateral openings. The patient was brought to the edge of the bed, and made to lie on his left side, with his hips well raised by a hard pillow. The terminal tube, well oiled, was passed about eight or ten inches into the rectum, and the fluid allowed to force its way into the bowel by gravitation. The injection rarely caused much pain, and often none. It usually promptly returned; but, when long retained, it was advisable to inject chloride of sodium, to prevent absorption of the silver-salt. Various strengths had been used, from thirty to ninety grains to three pints of water; but usually one drachm of nitrate of silver was employed. The treatment was based on the view that, whatever the nature of dysentery, whether constitutional or local, in the first instance, the latter effects were due to inflammation or ulceration of the colon, which was most effectually treated, as similar conditions elsewhere, by topical measures. Sometimes one, sometimes two, injections were required, and in some cases numerous injections were necessary; but in all the cases thus treated, many of which had been unsuccessfully treated in other ways previously, the disease had been cured. In most cases other treatment was suspended, but in some, Dover's powder or perchloride of iron, which had been previously administered, was continued or subsequently prescribed.

The cases narrated were these.

1. One in which the disease had lasted several years on and off; two injections were used, and the case was cured in six weeks.
2. Second attack, duration uncertain; four injections used; cured in five weeks.
3. Duration two months; two injections used; cured in three weeks and a-half.
4. Duration five years; one injection used; cured in three weeks.
5. Duration eighteen months; two injections used; cured of dysenteric symptoms, but remaining under treatment for diabetes.
6. Duration fourteen months; one injection used; cured in seven weeks.

The treatment, which laid no claim to

novelty, was brought forward to elicit the experience of others who had tried it, or to induce others to employ it in suitable cases.

Dr. CULLIMORE asked for information as to the duration of allied cases of disease treated in the hospital by other methods than that practised by Dr. Mackenzie, and also whether the author of the paper was inclined to confine such treatment to cases of rectal dysentery, or to apply it to others as well. He commented on the fact that most of the cases recorded were those of sailors, and suggested that the favorable result might be, in great part, due to the improved surroundings of the patients, the physiological rest and appropriate diet, etc., afforded in hospital, as compared with the depressing surroundings of an existence on board ship. In his own experience of the treatment, he found that pain was produced, in one case, on injection of two pints of water, holding forty grains of silver-nitrate in solution. In another case of dysentery, due to famine, he injected half a pint of water containing iodoform, but without effecting any good result. Opium and krameria were, in his opinion, the most useful remedies in this class of cases.

Dr. S. MACKENZIE said he purposely used the term chronic dysentery, or dysenteric diarrhœa, in writing his paper, as being most appropriate to the kind of cases under discussion, these being characterized by teasing diarrhœa and considerable constitutional disturbance. In a previous paper, he had explained that the physicians at the Seamen's Hospital had spoken hopelessly of all kinds of treatment; but, at the London Hospital, greater opportunities existed for making observations in this respect than at any similar institution, with the exception of the one just named; and in all his own cases, the effects of rest, opium, etc. had been tried in vain before resort was had to the injection-method of treatment. He alleged that rebellious cases were cured by the enema, and that it was, therefore, a resource to be adopted whenever the ordinary remedies failed. He himself would adopt it in ordinarily severe cases at the outset of treatment. He had no definite statement to make as to the permanence of the cure, the class of patients concerned being the most difficult of any to keep under observation; but, in this connection, it might be interesting to the Society to know that one patient cured by him had returned twelve months after being discharged, not on his own account, he being still well, but to solicit Dr. Mackenzie's good offices in behalf of a friend who was suffering, as he had been, from chronic dysentery.—*Brit. Med. Journ.*, Nov. 22, 1884.

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## SURGERY.

### *Extirpation of the Larynx.*

Mr. TIMOTHY HOLMES reports the case of a man, æt. 63 years, who was admitted to St. George's Hospital on May 16, 1884. He had been in perfect health up to Christmas. Then he began to complain a little of sore throat, and deafness in the left ear. Soon afterwards, the neck became stiff, and he was conscious of a swelling on the left side. For the past six weeks, he had had difficulty in swallowing and breathing. Solids seemed to stick about the level of the cricoid cartilage, and sometimes to come up into his mouth again. Latterly, he had had a very troublesome choking cough, with frothy blood-stained expectoration. He had no fits of dyspnoea, but his breathing was becoming more difficult. For the last month his voice had been very hoarse; he had found it very difficult to